Collegiate Science & Technology Entry Program (CSTEP)

St. Lawrence University

2015-2016 Program Application

Student Name:__________________________________________________________

Please include copies of the following documents when submitting this application:

Unofficial Student Transcript
2014 IRS Tax Form

Whitman Annex – Rm. 14
Canton, NY 13617

Phone: (315) 229-5605
# ST. LAWRENCE UNIVERSITY

## Collegiate Science & Technology Entry Program (CSTEP)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Date of Birth</th>
<th>SLU Student ID #</th>
</tr>
</thead>
</table>

- ☐ U.S. CITZEN  ☐ OTHER STATUS (Please explain)
- ☐ NEW YORK STATE RESIDENT

<table>
<thead>
<tr>
<th>Campus Address:</th>
<th>Box #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>Campus/Cell Phone #</th>
<th>Permanent Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Major(s)</th>
<th>Minor(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>Standing</th>
<th>Completed</th>
<th>Hours to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ First Year ☐ Sophomore ☐ Junior ☐ Senior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Units Earned</th>
<th>Expected Graduation Date</th>
<th>Major GPA</th>
<th>Cumulative GPA</th>
</tr>
</thead>
</table>

## Ethnic Background

- ☐ Hispanic or Latino

### Race

- ☐ American Indian or Native Alaskan: ______________
- ☐ Asian: ______________
- ☐ Black or African American: ______________
- ☐ White: ______________
- ☐ Native Hawaiian or other Pacific Islander: ______________
- ☐ Other (specify): ______________________________________________________

## Educational Background

1. List all higher education institutions you have attended:
   - Name of Institution: ___________________ Date(s): ___________________
   - Name of Institution: ___________________ Date(s): ___________________
   - Name of Institution: ___________________ Date(s): ___________________

2. How many semesters have you completed from all higher education institutions? _ ________________

3. First semester enrolled at St. Lawrence University (Month/Year): ___________________

4. Did you enroll as a ☐ Freshman ☐ Transfer Student ☐ Transfer Student w/ AA Degree? ___________________

5. St. Lawrence University Academic Advisor: ___________________

6. At this time, what career area or graduate school program of study most interests you? ___________________

## Parent/Guardian Information

- Parent/guardian Name(s): ___________________ Phone: ___________________
- Address: ___________________ Street | City | State | Zip |
- Email Address: ___________________

- Are you Living with Parent(s)/Guardian(s) ☐ Yes ☐ No, or
- Are you Emancipated or Independent ☐ Yes ☐ No (documentation will be needed)
Eligibility Information

Did either of your parents complete a four-year college degree?  □ Yes □ No

I regularly resided with & received support from: □ Both Parents □ Mother Only □ Father Only □ Legal Guardian

Provide the following information only for the parent(s) or guardian with whom you regularly resided:

Name of Mother/Guardian: ________________________________________________________________

Last                                      First    MI

Her Highest Grade of Education Completed: <8  9  10  11 12  □ Associates □ Bachelor’s □ Master’s □ PhD

Name of Father/Guardian: ________________________________________________________________

Last                                     First    MI

His Highest Grade of Education Completed: <8  9  10  11 12  □ Associates □ Bachelor’s □ Master’s □ PhD

ARE YOU A FIRST-GENERATION COLLEGE STUDENT?  □ Yes □ No

First-generation college student means neither parent has a bachelor's degree, nor, if you regularly resided with and received support from only one parent, that parent did not complete a bachelor's degree.

Economic Eligibility

□ Please include a copy of your 2014 IRS Tax Form or Other Income Documentation with this application.

IF YOUR PARENTS CLAIM YOU AS A DEPENDENT:
Including you, how many people are in your household? ________________________________

IF YOU ARE A FINANCIALLY INDEPENDENT STUDENT:
Including yourself, how many people in your household are financially dependent on you? ______________

On your federal income tax form (IRS form 1040, 1040A, or 1040EZ), what is your "Adjusted Gross Income"? _____________________ (Please provide a copy of the appropriate completed IRS form.)

ARE YOU RECEIVING FINANCIAL AID?  □ Yes □ No

If yes, specify type of aid______________________________________________________________

HAVE YOU PARTICIPATED IN:

□ Upward Bound  □ Talent Search  □ HEOP  □ EOP  □ STEP  □ Liberty Partnership Program

□ CSTEP  □ Student Support Services  □ Pre-McNair  □ McNair at another College/University

What are your career plans? ____________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
What are your current research interests?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List personal achievements, awards & honors:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List extracurricular activities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please explain why you should be accepted into the St. Lawrence University CSTEP Program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Press or Performance Release

My signature below indicates that, to the best of my knowledge, I, ____________________________, have provided true, complete, and accurate statements on this application. With my signature, I also hereby grant permission to the CSTEP Program at St. Lawrence University, its agents, successor, assigns and/or newspapers, radio or television to use my photograph (whether still, motion or television) and recordings of my voice, for publicity of the CSTEP Program.

_______________________________________  ___________________
Student Signature                                                                                     Date
ST. LAWRENCE UNIVERSITY
Collegiate Science & Technology Entry Program
Consent for Release of Academic Information

I, _____________________________________ give the Collegiate Science and Technology Entry Program (CSTEP) permission to retrieve my transcripts and other academic information as necessary. I understand the information will be used for the purpose of advisement and counseling by program staff and grant reports to the New York State Department of Education. I also understand that any information obtained during counseling sessions is confidential and will not be disclosed without my permission, except when in the judgment of the Program Director such disclosure may be necessary to protect me or someone else from physical harm.

_____________________________________________
Print Name

_____________________________________________  ________________________
Student Signature                      Date

_____________________________________________  ________________________
Director Signature                                  Date

New York State Opportunity Programs Income Eligibility Criteria

Eligibility determination is based on adjusted gross income according to the figures listed below.

<table>
<thead>
<tr>
<th>Number in Household Dependent on Income</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,755</td>
</tr>
<tr>
<td>2</td>
<td>$29,471</td>
</tr>
<tr>
<td>3</td>
<td>$37,167</td>
</tr>
<tr>
<td>4</td>
<td>$44,863</td>
</tr>
<tr>
<td>5</td>
<td>$52,559</td>
</tr>
<tr>
<td>6</td>
<td>$60,255</td>
</tr>
<tr>
<td>7</td>
<td>$67,951*</td>
</tr>
</tbody>
</table>

*Add $7,696 for each family member in excess of 7.